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7	INITED OF A TRO DIOTRICT COURT		
8 9	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA		
10	} 077 00 910F		
11	$\left\{\begin{array}{c} \text{CV 08} \\ \text{CASE NO.} \end{array}\right\}$		
12	vs. PRISONER'S		
13) APPLICATION TO PROCEED IN FORMA PAUPERIS		
14	Defendant.		
15)		
16	I,, declare, under penalty of perjury that I am the		
17	plaintiff in the above entitled case and that the information I offer throughout this application		
18	is true and correct. I offer this application in support of my request to proceed without being		
19	required to prepay the full amount of fees, costs or give security. I state that because of my		
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am		
21	entitled to relief.		
22	In support of this application, I provide the following information:		
23	1. Are you presently employed? Yes No		
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the		
25	name and address of your employer:		
26	Gross: Net:		
27	Employer:		
28			
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1	If the engine	ric "no " state the date of lect employmen	at and the amoun	ant of the emerge and and		
2	If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last					
3	place of employment prior to imprisonment.)					
4						
5						
6						
7	2. Have you received, within the past twelve (12) months, any money from any of the					
8	following sources:					
9	a.	Business, Profession or	Yes	No		
10		self employment				
11	b.	Income from stocks, bonds,	Yes	No		
12		or royalties?				
13	c.	Rent payments?	Yes	No		
14	d.	Pensions, annuities, or	Yes	_ No		
15		life insurance payments?				
16	e.	Federal or State welfare payments,	Yes	_ No		
17		Social Security or other govern-				
18		ment source?				
19		r is "yes" to any of the above, describe ea	ch source of m	oney and state the amount		
20	received fro	m each.				
21						
22			Van	No		
23	· ·	you married?		_ No		
24		Il Name:				
25 26	Spouse's Place of Employment: Spouse's Monthly Salary, Wages or Income:					
27	1	Net \$				
28	4. a.	List amount you contribute to your spe				
	}					

1	b. List the persons other than your spouse who are dependent upon you for			
2	support and indicate how much you contribute toward their support. (NOTE:			
3	For minor children, list only their initials and ages. DO NOT INCLUDE			
4	THEIR NAMES.).			
5				
6	·			
7	5. Do you own or are you buying a home? Yes No			
8	Estimated Market Value: \$ Amount of Mortgage: \$			
9	6. Do you own an automobile? Yes No			
10	Make Year Model			
11	Is it financed? Yes No If so, Total due: \$			
12	Monthly Payment: \$			
13	7. Do you have a bank account? Yes No (Do not include account numbers.)			
14	Name(s) and address(es) of bank:			
15				
16	Present balance(s): \$			
17	Do you own any cash? Yes No Amount: \$			
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated			
19	market value.) Yes No			
20				
21	8. What are your monthly expenses?			
22	Rent: \$ Utilities:			
23	Food: \$ Clothing:			
24	Charge Accounts:			
25	Name of Account Monthly Payment Total Owed on This Acct.			
26	<u> </u>			
27	<u> </u>			
28	\$ \$			

1	9. Do you have any other debts? (List current obligations, indicating amounts and to				
2	whom they are payable. Do not include account numbers.)				
3					
4					
5	10. Does the complaint which you are seeking to file raise claims that have been presented				
6	in other lawsuits? Yes No				
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in				
8	which they were filed.				
9					
10					
11	I consent to prison officials withdrawing from my trust account and paying to the court				
12	the initial partial filing fee and all installment payments required by the court.				
13	I declare under the penalty of perjury that the foregoing is true and correct and				
14	understand that a false statement herein may result in the dismissal of my claims.				
15					
16					
17	DATE SIGNATURE OF APPLICANT				
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]	
2	Case Number:
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8	CERTIFICATE OF FUNDS
9	IN
10	PRISONER'S ACCOUNT
11	TRIBONER B ACCOUNT
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account
13	statement showing transactions of for the last six months
14	[prisoner name] where (s)he is confined.
15	[name of institution] I further certify that the average deposits each month to this prisoner's account for the
16	most recent 6-month period were \$ and the average balance in the prisoner's
17	account each month for the most recent 6-month period was \$
18	
19	Dated:[Authorized officer of the institution]
20	[Authorized officer of the insulation]
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